

✧ 6212 ✧ Tami Murakami, Graphic Artist  
 ✧ 6457 ✧ Dr. Rosa Hall, Dean  
 ✧ 6210 ✧ Cheryl Burleson, Clerical Assistant III  
 ✧ 6211 ✧ Shirlene Thatch, Coordinator  
 ✧ 6072 ✧ Kim Williams, Clerical Assistant II  
 ✧ 6213 ✧ Joseph West, Technician



ANTELOPE VALLEY COLLEGE

## Instructional Multimedia Center



### SATELLITE & VIDEOCONFERENCE REQUEST

Date \_\_\_\_\_ Extension \_\_\_\_\_

Requested by \_\_\_\_\_ Dept/Division \_\_\_\_\_  
print name

Programming Information \_\_\_\_\_  
day of week date time of program (for example: 9:00 AM - noon)

Programming Title \_\_\_\_\_

Number expected in attendance \_\_\_\_\_ Is program to be recorded?  Yes  No  
*(Copy of permission must be attached)*

#### DESCRIPTION

<input type="checkbox"/> Satellite	<input type="checkbox"/> Videoconference
Band: <input type="checkbox"/> C	Host _____
<input type="checkbox"/> KU	Is host a member of 4CNet? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> CCCSAT	Contact person _____
	Contact phone/email _____

Additional Instructions \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- A coordinate packet (*all written information regarding program*) must be delivered with request.
- Room reservations will be made by the IMC.

Requestor's Signature \_\_\_\_\_

-----  
 For Office Use Only

Room reserved \_\_\_\_\_  
room number date reservation made hours room is reserved who reservation was made with initials

Equipment reserved \_\_\_\_\_  
initials

Technician available?  Yes  No \_\_\_\_\_ Coordinator's approval?  Yes  No \_\_\_\_\_

Overtime approval?  Yes  No Approved by \_\_\_\_\_  
initials

Notations \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_